PTO/SB/22 (07-98)

Approved for use through 07/31/2012, OMB 0651-0031

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and to a collection of information unless if disclave a valid ORB central number.

PETITION	FOR EXTENSION OF TIME UNDER	Docket Number (Optional)			
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			1152-0312PUS1		
Application Number 10/519,154-Conf. #7211			Filed December 27, 2004		
For IMAGE DATA DISTRIBUTION SYSTEM AND IMAGE DATA TRANSMITTING APPARATUS AND IMAGE DATA RECEIVING APPARATUS FOR THE SYSTEM					
Art Unit	2624		Examiner	D. Ras	hid
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a repty in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
F***	One month (37 CFR 1,17(a)(1))	Fee \$130	Small Entity Fee \$65	s	
×	Two months (37 CFR 1.17(a)(2))	\$490	\$245	8	490.00
-	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	8	
-	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
	Five months (37 CFR 1,17(a)(5))	\$2350	\$1175	\$	
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide excell card information and authorization on PTO-2538. I am the applicant/inventor. assignee of record of the entite interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	attorney or agent of record. Re	gistration Number	29,271		
attorney or agent under 37 CFR 1.34. Registriskin purifier if acting under 37 CFR 1.34 Signature Signature Date					
/i Charles Gorenstein (703) 205-8000					
Few Typed or printed name Tolephone Number NOTE: Signature of all the Printeds or a stagnises of record of the entire interest or their representative(s) are required. Sub-re-multiple forms if more than one alignature is required, see below.					
T	otal of 1 forms are subr	nitted.			